

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAL-WAN HEIGHTS GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>748 SHARON DR. STATESVILLE, NC 28677</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that 1 out of 6 clients (#3) was treated with dignity and respect regarding the use of a shirt protector. The finding is:</p> <p>During observations in the home on 5/7/24 from 3:45 PM to 5:30 PM, client #3 was observed wearing a shirt protector.</p> <p>During observations in the home on 5/8/24 from 6:30 AM to 8:30 AM, client #3 was observed wearing a shirt protector.</p> <p>Review of records on 5/8/24 for client #3 revealed a person-centered plan (PCP) dated 3/6/24. Further review of the PCP revealed client #3 to have the following diagnosis: Severe IDD, Mood DO, Cerebral Palsy, acne, seasonal allergies, frequent eye infections, several oral dysphagia, hyperopia/exotropia, perineal dermatitis, DUB, HX of surgical correction of strabismus, HC of surgical removal of abnormal salivary glands, hx of bilateral ear tub placement, constipation, vit D deficiency, scoliosis, s/p Pilonidal cystectomy (2011), surgical removal of retained tub left ear (7/23/2013). Continue review of the PCP revealed client #3 to have the following adaptive equipment: wheelchair, high sided divided plate, dycem mat, sip cups, and clothing protector</p>	W 125			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAL-WAN HEIGHTS GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>748 SHARON DR. STATESVILLE, NC 28677</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 125	Continued From page 1 during meals.  Interview with the qualified intellectual disabilities professional (QIDP) on 5/8/24 revealed that client #3 wears the shirt protector only for meals. Further interview with the QIDP revealed client #3 does not have drooling problem that requires continuous use of a shirt protector. Subsequent interview with the QIDP revealed continuous wear of the shirt protector violates the client's right to dignity.	W 125			
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)  The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy during treatment and care of personal needs for 1 of 6 clients (#5). The finding is:  Observation in the group home on 5/7/24 at 3:50 PM revealed a small table to prop open the bathroom door adjacent to the dining room. Continued observation at 3:55 PM revealed client #5 to enter the bathroom and use the toilet without being able to close the door for privacy. Further observations revealed staff A to walk past the bathroom unaware client #5 was using the toilet.  Interview with staff A on 5/8/24 regarding the bathroom door revealed they prop the door open because some clients do not like taking showers with the door closed. Interview with the qualified intellectual disabilities professional (QIDP) on	W 130			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAL-WAN HEIGHTS GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>748 SHARON DR. STATESVILLE, NC 28677</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 130	Continued From page 2 5/7/24 revealed the bathroom door being propped open has been addressed before. Continued interview with the QIDP confirmed the bathroom door should be accessible to close for privacy.	W 130			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 6 clients (#1) received a continuous active treatment program consisting of needed interventions as identified in the behavior support plan (BSP). The finding is:  Observations throughout the 5/7-8/24 survey revealed cleaning supplies to be located in two unlocked closets and accessible by arm length. Continued observations throughout the survey revealed each bathroom to be without a door alarm.  Review of records for client #1 on 5/8/24 revealed a BSP dated 11/15/23 which indicated target their behaviors to include hyperactive behavior, depressive behavior, taking other's belongings, inappropriate discarding of items, excessive	W 249			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAL-WAN HEIGHTS GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>748 SHARON DR. STATESVILLE, NC 28677</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	<p>Continued From page 3</p> <p>beverage consumption, and inappropriate use of cleaning products. Continued review the BSP revealed intervention/prevention strategies for inappropriate discarding of items to include to assist staff with monitoring, an alarm is placed on the bathroom door that client uses the most. Further review of the BSP revealed intervention/prevention strategies for inappropriate use of cleaning supplies to include secure products out of reach, to be assessed only with staff supervision.</p> <p>Interview with staff D on 5/7/24 confirmed the two closets are the only places where cleaning supplies are stored. Interview with staff B on 5/8/24 confirmed there are no alarms on any of the bathroom doors. Continued interview with staff B revealed client #1 recently attempted to flush tennis balls down the toilet.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/8/24 confirmed client #1's BSP is current and revealed they had initially obtained consents for all the restrictions, but have never implemented the restrictions since the client's admission on 7/25/23.</p>	W 249			